

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523047

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7			1			
8						
9						
10						
11						
12			1			
13						
14						
15						
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19			1			
20						
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25			1			
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28			1			
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33			1			
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36						
37						
38						
39						
40			1			
41			1			
42			1			
43						
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45						
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47						
48						
49						
50						
TOTAL IND.		↓	10	↓		↓
TOTAL DEP.	←		32	←		←
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						